

County Attorney/Special Prosecutor Questionnaire

Name of Child(ren): _____ Board #: ____ Return by: ___/___/___

What do you understand to be the child(ren)'s permanency plan to be?	<input type="checkbox"/> Reunification <input type="checkbox"/> Guardianship <input type="checkbox"/> Long-term foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Unclear <input type="checkbox"/> Independent Living <input type="checkbox"/> No plan <input type="checkbox"/> Self-sufficiency <input type="checkbox"/> Plan in transition
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Court Information

Date the child(ren) was adjudicated: ___/___/___																																	
If the child(ren) has not been adjudicated, please explain why here:																																	
Please check here, the type of adjudication. If the child(ren) have more than one adjudication, please indicate that as well.	<input type="checkbox"/> (3a) <input type="checkbox"/> (3b) <input type="checkbox"/> (3c) <input type="checkbox"/> (1) <input type="checkbox"/> (2)																																
Are both biological parents named in the current Court action if this is a 43-247 3(a) case?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why not?)																																
Were any of the original petition allegations plea-bargained out?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, which ones?)																																
Has a permanency hearing been held?	<input type="checkbox"/> Yes: ___/___/___ <input type="checkbox"/> No																																
Date of the most recent Court review: ___/___/___																																	
When is the next Court review scheduled? ___/___/___																																	
Is there a currently ordered Case plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
If modifications were made to the Case plan, please indicate here:																																	
_____ _____ _____																																	
Please check here any pending criminal charges in this case. If there were no charges filed, please indicate why, here.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Mother</th> <th style="width: 10%; text-align: center;">Father</th> <th style="width: 20%; text-align: center;">Other party (Please</th> </tr> </thead> <tbody> <tr> <td>specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Drug abuse</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Physical abuse</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Neglect</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Sexual Abuse</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Ongoing Investigation</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Insufficient Evidence</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Mother	Father	Other party (Please	specify)				Drug abuse	_____	_____	_____	Physical abuse	_____	_____	_____	Neglect	_____	_____	_____	Sexual Abuse	_____	_____	_____	Ongoing Investigation	_____	_____	_____	Insufficient Evidence	_____	_____	_____
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Ongoing Investigation	_____	_____	_____																														
Insufficient Evidence	_____	_____	_____																														

	Compliance	Partial Compliance	Resistant to Court order	Progress towards Goal	No progress towards Goal
Mother					
Father					
Other					
Other					

Do you believe the child(ren) could safely be returned home at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but would require services (please indicate services needed here)
If the child(ren) has been in foster care for 15 of the most recent 22 months, has a TPR been filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, what exception applies?)
Have any new issues or disclosures surfaced since the initial intervention that would precipitate filing of a new or supplemental juvenile petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what issues?)
Have any new circumstances occurred since initial intervention that impact the plan?	<input type="checkbox"/> Loss of housing <input type="checkbox"/> Lack of parental employment <input type="checkbox"/> Parental law violations <input type="checkbox"/> Frequent parental moves <input type="checkbox"/> Parental whereabouts unknown <input type="checkbox"/> New live-in companion <input type="checkbox"/> Child unwilling to return home <input type="checkbox"/> Youth is pregnant <input type="checkbox"/> New baby born or expected <input type="checkbox"/> Parental incarceration <input type="checkbox"/> Other, please explain: _____ _____ _____

Please include here anything else that you would like the Board to know; feel free to add extra pages if you need more room.

Form completed by: _____ Date completed: ___/___/___

THANK YOU, PLEASE RETURN THIS FORM TO:

To respond by taped questionnaire, call 1-800-577-3272